

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000002599

Entity Name: HCL II, LLC**Current Principal Place of Business:**12780 NW 35TH ST.
OCALA, FL 34482**Current Mailing Address:**12780 NW 35TH ST.
OCALA, FL 34482 US**FEI Number:** 80-0524784**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBSON, SCRIBNER & STEWART, P.A.
307 NE 36TH AVE, SUITE #1
OCALA, FL 34470 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	CARLTON, CRAIG K
Address	12305 WINDSWEPT AVENUE
City-State-Zip:	RIVERVIEW FL 33569

Title	CFO
Name	WOLF, FRED D
Address	5024 UCETA ST.
City-State-Zip:	TAMPA FL 33619

Title	MGRM
Name	HENNESSEY, FRANK M
Address	12780 NW 35TH ST.
City-State-Zip:	OCALA FL 34482

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRANK HENNESSEY

MGRM

04/26/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date